INSTRUCTIONS FOR THE NURSING FACILITY QUF FOR THE QUARTER ENDING 9/30/03

General Information: The Nursing Facility Quarterly User Fee Assessment Form is an informational tool used to calculate your facility's User Fee Assessment in accordance with regulation 114.5 CMR 12.04(1)&(2). All Massachusetts Nursing Facilities that are licensed by the Department of Public Health under Chapter 111 of the Massachusetts General Laws Section 71, including nursing facilities, transitional care units, etc. are required to file.

Due Dates:

Reporting Quarter	QUF Due Date
07/1/03 - 09/30/03	11/01/03

Assistance: If you need help or have any questions relevant to completing this worksheet, please contact Provider Assistance at (617) 988-3299.

Where to File: http://mass.gov/DHCFPINET

Nursing Facilities are strongly encouraged to file the Nursing Facility Quarterly User Fee Assessment form electronically. INET is the Division's new web-based transaction service that will eventually allow for electronic filing of all cost reports and other information. A Data Reporting Security Agreement is required of providers who file electronically. A copy is available on the Division's web site. The Data Reporting Security Agreement must be submitted to the Division of Health Care Finance and Policy, 2 Boylston Street, Boston, MA 02116, attention DHCFP-INET, at least 10 days before the due date in order to process the application.

In the event that the provider cannot file the form electronically, a paper copy can be mailed to the **Division of Health Care Finance and Policy, 2 Boylston Street, Boston, MA 02116, attention Administration Rating Group**.

I. Total Nursing Patient Days for the Quarter Ending 9/30/03

Total Qtr NH Patient Days: Patient Day. A day of care provided to an individual patient by a Facility. A Patient Day includes the date of admission and the date of admission and discharge if both occur on the same day. A Patient Day does not include the date of discharge or days of service to Residential Care residents. Reserved Vacant Bed Days held after August 31, 2003 should not be included. PACE and hospice days should be reported based on the patient day definition in regulation 114.5 CMR 12.02. A Patient Day includes any day that has not yet been reimbursed by the insurer. The days reported on the Quarterly Assessment form should agree with the days reported on the HCF-1 cost report for that period.

II. Calculation of the Nursing Facility User Fee Assessment:

Total Qtr Non-Medicare Days (col. 7): Please enter the number of Non-Medicare Days for each month reported in column 7 of the table in Section I onto the designated lines in Section II.

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NH User Fee: Please enter the product of the reported *"Total Qtr Non-Medicare Days"* for each month multiplied by the *"User Fee Rate"* effective for that time period on the designated *"NH User Fee"* lines. Enter the sum of the *"Total Qtr Non-Medicare Days"* reported for the three months on the *"Qtr Total"* line. And enter the sum of the *"NH User Fee"* calculated for the three months on the line provided.

III. Comments: Please enter any additional pertinent information that you would like the Division to be aware of, such as changes in beds, significant changes in days, prior period adjustments for the reclassification of days by payer type made in the current reporting quarter, etc. When filing electronically you may be prompted to explain why your reported days are less than anticipated. Use this section to explain the variance. Attach additional comment pages to this form if necessary. Please enter the facility name, vendor payment number and Quarter Ending date on the top of each additional comment page attached to this form.

Owner, Partner, Officer or Administrator Information: Please check all of the information carefully prior to signing this form. Once you are satisfied that the information reported on the form is accurate to the best of your knowledge, sign your name, enter the date, enter your name and title on the designated lines.